

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033294
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2443

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
Normandy

Length of stay in 1b
MINS.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION
Normandy Osteo. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR TOWN

Ferguson

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
946 Forest Wood Dr.,

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

RAYMOND

A.

TIERNEY

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☐

8. DATE OF BIRTH

9/11/02

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor

10b. KIND OF BUSINESS OR INDUSTRY

Wagner Elec. Co.

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Michael Tierney

13b. MOTHER'S MAIDEN NAME

Elmina Acker

14. NAME OF HUSBAND OR WIFE

Myrtle Tierney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Myrtle Tierney-946 Forest Wood, Ferguson

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CORONARY INFARCT.

INTERVAL BETWEEN ONSET AND DEATH

36 min

DUE TO (b)

ARTERIO-SCLEROSIS

unknown

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-19-62 to 8-21-62 and last saw him alive on 8-21-62

Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

7540 NATURAL BRIDGE ST. LOUIS MO 63112

22c. DATE SIGNED

8-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

Aug. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WHITE-MULLEN INC., FERGUSON, MO.

25. DATE RECD. BY LOCAL REG.

8-22-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Miss. Livingston
7520 West Bridge

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Stephen White, Student Embalmer No. 670
working under my personal supervision.

Student Stephen White
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.